

EXHIBIT O

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
COLUMBIA DIVISION

Afraaz R. Irani, M.D.,)	
)	C/A No. 3:14-cv-03577-CMC-KDW
Plaintiff,)	
)	
vs.)	
)	
Palmetto Health;)	
University of South)	
School of Medicine;)	
David E. Koon, Jr.,)	
M.D., in his individual)	
capacity; and John J.)	
Walsh, IV, M.D., in his)	
individual capacity,)	
)	
Defendants.)	
)	

DEPOSITION OF

GREG GRABOWSKI, M.D.

Wednesday, April 22, 2015
8:42 a.m. - 1:14 p.m.

The deposition of GREG GRABOWSKI, M.D., taken on behalf of the Plaintiff at the offices of the South Carolina Bar Conference Center, 2nd Floor, 1501 Park Street, Columbia, South Carolina, on the 22nd day of April, 2015, before Lyn A. Hudson, Court Reporter and Notary Public in and for the State of South Carolina, pursuant to Notice of Deposition and/or agreement of counsel.

1 time at Palmetto Health.

2 Q: What documents did you review?

3 A: I reviewed a statement about the care of one of my
4 patients and some of the medical records that were
5 affiliated with that patient.

6 Q: Was that the spine patient?

7 A: It was a spine patient.

8 Q: Initials LO?

9 A: That were her initials, those were her initials.

10 Q: Any other documents you reviewed in preparation for
11 your deposition?

12 A: Those were the primary documents that I reviewed.

13 Q: Did you have copies of the medical records or did you
14 have to pull those?

15 A: They were provided to me.

16 Q: Who provided you those records?

17 A: Dr. Koon.

18 Q: Did you review any other documents?

19 A: Not that I, I reviewed some text messages that were to
20 my understanding submitted as evidence.

21 Q: Okay. Were those text messages from Dr. Irani's phone?

22 A: Correct.

23 Q: Did you have any text messages with Dr. Irani?

24 A: Not that I have access to any longer.

25 Q: Okay. Anything else you can recall reviewing?

1 A: Georgetown.

2 Q: All right. Is that a five-year residency at Vermont
3 for orthopedic surgery?

4 A: It is.

5 Q: So when did you pass? 2010?

6 A: Correct.

7 Q: During your residency at Vermont were you ever placed
8 on academic remediation?

9 A: I was not.

10 Q: What, did you do a fellowship after that?

11 A: I did.

12 Q: And where was that?

13 A: At the University of Pittsburgh Medical Center.

14 Q: And what was your fellowship in?

15 A: Spine surgery.

16 Q: When did that finish up?

17 A: It was a one-year program.

18 Q: So that would have been the summer of 2011?

19 A: Correct.

20 Q: Do you remember what month you graduated from the, or
21 completed your fellowship?

22 A: I completed my fellowship on July 31st.

23 Q: And I understand that you came to work for the
24 University of South Carolina School of Medicine
25 Orthopedic Surgery Department in, sometime thereafter

1 in 2011?

2 A: Correct.

3 Q: When did you start working at USC?

4 A: It was August of that year, I believe. August 21st or
5 thereabouts.

6 Q: Are you currently board-certified?

7 A: I am.

8 Q: When did you become board-certified?

9 A: I would have to look at the diploma. But in the first
10 pass of my ability to become board-certified.

11 Q: Tell me what's involved in board certification.

12 A: Board certification in orthopedics has a series of
13 written examinations and then an oral examination.

14 Q: How many written exams are there?

15 A: It would be one specific in orthopedics and then
16 obviously you have to pass the general medical exams.

17 Q: Do you recall when you did the written specific part of
18 the orthopedics?

19 A: I would have done it immediately following my
20 graduation from residency.

21 Q: So that would have been in the summer of 2010?

22 A: I believe that's correct.

23 Q: What are the other components of board certification?

24 A: The oral examination.

25 Q: What's involved in the oral examination?

1 impression about Dr. Irani based on what Dr. Walsh had
2 told you and the memo that you had seen?

3 A: Not that I recall.

4 Q: Okay. What was the nature or the, what was your
5 take-away from the meeting on September 20th with Dr.
6 Walsh?

7 A: I believe that Dr. Walsh summarized that very clearly
8 in his memorandum.

9 Q: Okay. You think Exhibit 3 from Dr. Walsh's deposition
10 is a fair and accurate summary of what happened during
11 the meeting?

12 A: To the best of my recollection.

13 Q: Do you recall Dr. Walsh indicating that he thought Dr.
14 Irani's surgical skills were on par with his peers at
15 that time?

16 A: I do.

17 Q: Do you recall Dr. Walsh stating that his observations
18 of Dr. Irani's interactions with patients had been
19 favorable?

20 A: I do.

21 Q: Okay. Do you recall Dr. Walsh telling Dr. Irani that
22 he had appropriate relationships or appeared to have
23 appropriate relationships with the patients and their
24 families during his supervision?

25 A: That is what is indicated in the memorandum.

1 A: The patient that I believe you are referencing is
2 someone who, whose care occurred four years ago. And
3 my recollections of that are fairly vague. But to the
4 best of my ability to recall, I believe that there was
5 a patient who Dr. Afraaz Irani saw through our staff
6 clinic who I had instructed him to obtain a MRI on that
7 same day. And he failed to follow through on that
8 instruction.

9 BY MR. ROTHSTEIN:

10 Q: Okay. How did you become aware that that, that Dr.
11 Irani failed to follow through on that instruction?

12 A: Again to the best of my ability to recall, the
13 instruction that I gave him occurred sometime in the
14 range of 1:30 in the afternoon. I followed up with him
15 at five o'clock at the end of clinic and he, on a
16 patient who I had specifically said to have an MRI
17 performed on that day. He had set up an MRI for the
18 following day. And I had asked him if the MRI had
19 already been completed within those four hours or if we
20 knew a time it was going to, it was scheduled for. And
21 he had said it's scheduled for the following day. At
22 which point I said, well, this was somebody who I
23 wanted scheduled for today. And had him follow back up
24 and through to make sure that it had, that order had
25 been changed and followed up on in the way that I had

1 initially intended it to be followed up on.

2 Q: Okay. Do you recall what, you said this was during the
3 staff clinic?

4 A: (Nods head affirmatively.)

5 Q: So this would have been an outpatient situation?

6 A: Correct.

7 Q: Do you recall what type of procedure you had performed
8 on this particular patient?

9 A: I don't believe that it was somebody that I had
10 operated on.

11 Q: Okay. Do you know what the purpose of the MRI was?

12 A: I don't recall.

13 Q: Okay. Did you, was this an emergent situation? Did
14 you say we need an MRI stat? Or what were your
15 instructions specifically with regard to the MRI?

16 A: What I recall is that I specifically said that I wanted
17 the MRI done that day.

18 Q: Okay. And did that patient get the MRI done that day?

19 A: The MRI was initially scheduled for the following day
20 by Dr. Irani. And when I followed back up with him and
21 reiterated that my instructions had been for it to be
22 done that day, he then upon that urging followed
23 through on those instructions.

24 Q: Are you sure that you followed up with Dr. Irani at the
25 end of the clinic about whether that patient had been

1 given the MRI or do you think Dr. Wood brought that to
2 your attention?

3 A: I don't recall.

4 Q: So your memory about that particular incident is
5 somewhat hazy at this point?

6 A: It is.

7 Q: Do residents in orthopedics perform MRIs?

8 A: Residents in orthopedics are often called upon to
9 facilitate the obtaining of appropriate imaging
10 studies.

11 Q: Okay. But they don't actually do the MRI or schedule
12 the MRI or read the MRI, do they?

13 A: Residents in orthopedics are often called upon to
14 facilitate the timely obtaining of appropriate tests
15 and imaging studies.

16 Q: But the resident, the orthopedic resident doesn't run
17 the MRI machine?

18 A: The role of a treating physician is to advocate for
19 their patient.

20 Q: I understand. But my question is pretty simple. The
21 resident in orthopedics doesn't run the MRI machine,
22 does he?

23 A: A resident in orthopedics has the ability to alter the
24 MRI schedule.

25 Q: Okay. I understand that. But my question is, does he

1 have the ability to run the MRI machine? Does he take
2 the patient down and do the MRI test?

3 A: If that's what it requires to make sure that a patient
4 is being treated appropriately that would be my
5 expectation of an orthopedic resident.

6 Q: Who performed the MRI on this patient?

7 A: I would assume that an MRI technician performed the
8 MRI.

9 Q: And who read the result of the MRI?

10 A: I would assume that a radiologist would have read the
11 MRI.

12 Q: And the technician that performed the MRI, that would
13 have been in the radiology department; right?

14 A: The technician would have been an employee of the
15 radiology department.

16 Q: Okay. Does the radiology department have residents?

17 A: The radiology department does not have residents.

18 Q: Do residents from, or does anyone in the orthopedic
19 surgery department set the schedule for the MRIs?

20 A: So I routinely will contact radiology and describe the
21 relative urgency with which an MRI needs to be
22 performed and responded to very positively in that
23 regard.

24 Q: Do you know how many times Dr. Irani had been asked to
25 schedule an MRI on an expedited basis before his

1 interaction with you?

2 A: I would have no idea.

3 Q: Okay. Did, when you had discussions with Dr. Irani
4 about this particular patient did he offer any
5 explanation for what had happened from his side of the
6 story?

7 A: To the best of my ability to recall he simply said that
8 it couldn't be scheduled today and that it was
9 scheduled tomorrow instead.

10 Q: But after some follow-up discussion, that patient got
11 the MRI that day and had no adverse outcome from any
12 delay in treatment?

13 A: The issue surrounding Dr. Irani in that regard was that
14 he did not follow through on a specific order that was
15 given to him by one of his attendings and failed to
16 alert myself that he had been unable to make that
17 happen. In my opinion, if the patient had no adverse
18 outcomes, it is likely, it is equally likely that is in
19 spite of Dr. Irani as much as it is because of Dr.
20 Irani.

21 Q: Okay. But this particular patient if you recall
22 received the MRI the same day that you asked the MRI be
23 ordered; correct? Whether you had to follow up or Dr.
24 Irani followed up or somebody had to follow up, that
25 patient got the MRI before they left that day; right?

1 A: It is my opinion that a junior resident should be able
2 to follow through on that type of instruction without
3 requiring follow-up.

4 Q: And I appreciate your answer but you're not answering
5 my question. I didn't ask for your opinion. I said
6 that patient got the MRI before they left at the end of
7 the day; isn't that true?

8 A: That patient to the best of my recollection obtained an
9 MRI that day.

10 Q: Okay. Do you recall Dr. Irani telling you that he,
11 once he got your assignment he contacted a staff
12 person, they contacted radiology and said the earliest
13 we could do this MRI is a day or two later? Did Dr.
14 Irani explain that to you?

15 A: Dr. Irani only explained that to me after I followed up
16 with him asking when the MRI had been scheduled and if
17 the patient had already left the building.

18 Q: Okay. And the patient had not left the building by
19 that point, had he?

20 A: I don't recall exactly but I do believe the patient had
21 left the building by that point.

22 Q: Did this patient live in Atlanta to your recollection?

23 A: I believe that that's part of the reason that there
24 were issues surrounding the timing of his MRI.

25 Q: Okay. And your recollection of this event is that the

1 first before he would put forward a proposal. And when
2 you put forth proposals in that way, I think it's
3 unlikely for proposals to then be anything but
4 unanimously approved.

5 Q: Is this how he handled the Dr. Irani situation, to
6 discuss this with the faculty, sort of get a consensus
7 before formal action was taken?

8 A: I don't believe that any of these actions were
9 unilaterally performed by Dr. Koon.

10 Q: Do you recall during the faculty meeting telling Dr.
11 Irani that you couldn't trust him?

12 A: I don't specifically recall using those words. But I
13 don't think that that, I wouldn't be surprised if
14 those, if I had those feelings at that point.

15 Q: Okay. To your knowledge has Dr. Irani ever lied to
16 you?

17 A: I cannot think of a specific example where he
18 discreetly lied to me.

19 Q: Okay. What were your feelings that you couldn't trust
20 Dr. Irani based on in December of 2011 if you don't
21 believe he ever discreetly lied to you?

22 A: The relationship between a staff member and a resident
23 is often predicated on a relationship of trust whereby
24 if I direct somebody to do something, it's my
25 expectation that that will be followed through on. If